

**STATE OF HAWAII BOARD OF CERTIFICATION
OF PUBLIC WATER SYSTEM OPERATORS**

**APPLICATION FOR COURSE APPROVAL
FOR CONTINUING EDUCATION UNITS (CEUs)**

Course Name: _____

Course Date(s): _____ Time(s): _____

Contact Hours (exclude lunch break): _____ Number of CEUs Given: _____

Course Sponsor: _____

Location: _____

Description: _____

Name of Operator: _____
Last First Middle Initials

DSO___ WTPO ___ Certification Grade Level: ___ Certificate No.: ___

☐ New address: _____
Street, Box, or Route City State Zip Code

Phone no. E-mail

* Course Approval Number: _____ (assigned by the DOH)*

Complete and mail to:

Board of Certification of
Public Water System Operators
Hawaii Department of Health, EMD
Safe Drinking Water Branch
919 Ala Moana Boulevard, Room 308
Honolulu, Hawaii 96814-4920

phone: (808) 586-4258
FAX: (808) 586-4351 (*new*)

NOTE: Please attach proof of course attendance (such as certificate) and course outline, (with hours, if possible) to your completed application form.